



# Incident Report

**Print Date/Time:** 12/18/2015 11:36

**Login ID:** ss0137

Lake Stevens Police Department

**ORI Number:** WA0311900

**Incident:** 2015-00202613

**Incident Date/Time:** 12/9/2015 3:14:00 PM  
**Location:** SR 9 SE / 20TH ST SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 583-4220  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D1	SS0112-Warbis
19D3	SS0075-Christensen
19S10	SS0013-Brooks

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANASTASI, MICHELLE		(425) 761-8859			
2	Reporting Party	ROBINSON, JAZMIN					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

## Disposition(s)

Disposition	Count
A	1
R	2

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

## CAD Narrative

12/09/2015 : 15:34:47 SP0390 Narrative: RESCUE TOW ER FOR 1

12/09/2015 : 15:23:47 SP0263 Narrative: 3GRN PTS, CXL B81 M81

12/09/2015 : 15:22:08 SP0263 Narrative: OS E82, 2 VEH PART BLKNG, NB LANE, ALL OUT OF VEH, INV,

12/09/2015 : 15:17:41 SP0325 Narrative: LR325

12/09/2015 : 15:16:52 SP0338 Narrative: Narrative added from associated Call #: 297 - UKN INJ, BLKING SB LANES , WITNESS

12/09/2015 : 15:16:35 SP0325 Narrative: HOND AND SUBARU, BLKING, RP SAW IN PASSING

12/09/2015 : 15:15:48 SP0325 Narrative: 2 VEHS, AIRBAGS DEPLOYED, PT'S LOOK UNCON

# Collision Report



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E491700**

CASE #	15-202613		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	12	-	09	-	2015	TIME (2400)	1515	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	<input type="checkbox"/>	CITY #	0664
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	--	---	--------------------------	---	--------------------------	----	-------------------------------------	----	--------------------------	--------	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input checked="" type="checkbox"/>	NON-INTERSECTION	<input type="checkbox"/>
STATE ROUTE 9		BLOCK NO.	<input checked="" type="checkbox"/>	2200
		MILE POST	<input type="checkbox"/>	

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SLAKE STEVENS RD
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	NO	PHONE	D: 4254460332
---------	---------------	-------------------------------------	-------------	--------------------------	----------------------	-------------------------------------	-----	----	-------	---------------

LAST NAME	GOMES	FIRST NAME	PETER	MIDDLE INITIAL	E
-----------	-------	------------	-------	----------------	---

STREET NEW ADDRESS	14120 139TH AVE SE
--------------------	--------------------

CITY	SNOHOMISH	ST	WA	ZIP	982906739
------	-----------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	GOMESPE028JP	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	17	-	1998
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	--

LICENSE PLATE #	AWP4255	STATE	WA	VIN#	JM1NA3539V0729788
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1997	MAKE	MAZD	MODEL	MX5CV	STYLE	CV	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO	<input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---------------	-----	----	----------	--	---------------	-----	----	-------------------------------------

REGISTERED OWNER INFO. MICHAEL GOMES 14120 139TH AVE SE SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 384-7572-D22-47
-------------------------------	-------------------------------------	-------------------------	----------------------------

VEHICLE LEGALLY STANDING	YES	NO	CITATION #		CHARGE	
--------------------------	-----	----	------------	--	--------	--

UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	NO	PHONE	D: 9093197335
---------	---------------	-------------------------------------	-------------	--------------------------	------------	--------------------------	----------------	--------------------------	----------------------	-------------------------------------	-----	----	-------	---------------

LAST NAME	ANAYA MENDOZA	FIRST NAME	J	MIDDLE INITIAL	G
-----------	---------------	------------	---	----------------	---

STREET NEW ADDRESS	8700 67TH AVE NE APT D201
--------------------	---------------------------

CITY	MARYSVILLE	ST	WA	ZIP	982708035
------	------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	ANAYAJG184RS	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	-	10	-	1982
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	BACK PAIN
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	-----------

LICENSE PLATE #	AVR5829	STATE	WA	VIN#	1FAHP35N18W121011
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	FORD	MODEL	FOCUS	STYLE	P4	VEHICLE TOWED	YES	NO	TOWED BY	RESCUE TOWING	GOVT. VEHICLE	YES	NO	<input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---------------	-----	----	----------	---------------	---------------	-----	----	-------------------------------------

REGISTERED OWNER INFO. FIRST NATIONAL M1719999

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FIRST NATIONAL M1719999
-------------------------------	-------------------------------------	-------------------------	-------------------------

VEHICLE LEGALLY STANDING	YES	NO	CITATION #		CHARGE	
--------------------------	-----	----	------------	--	--------	--

OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
------------------------	----------------	---------------	------	--------	-----------


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E491700**CASE # **15-202613**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>COLLEY ANNABELLE R</b>																		
ADDRESS & PHONE # <b>12929 4TH PL SE SNOHOMISH WA 982906739 4255121200</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>05</b>	-	<b>26</b>	-	<b>1998</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>3</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

Unit 1 was entering onto SR 9 from S Lake Stevens Rd. to go northbound. Unit 2 was northbound on SR 9 at S Lake Stevens Rd. Unit 1 immediately attempted to merge into the inside northbound lane upon entering SR 9. Unit 1 failed to grant the right away to Unit 2 causing Unit 2 to collide with Unit 1 in the inside northbound lane. Driver of Unit 2 was transported to the hospital for minor injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**C. CHRISTENSEN**
**12-09-15 05:29 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**12/9/2015 9:01:41 PM**

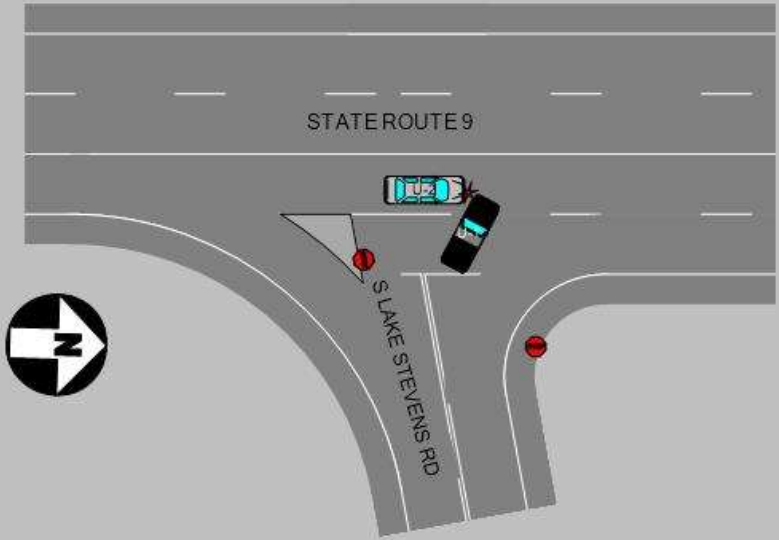
BADGE OR ID #	<b>0075</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:15 PM</b>	TIME POLICE ARRIVED	<b>3:22 PM</b>
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------

REPORT NO. E491700

CASE # 15-202613

DATE AND TIME  
OF COLLISION 12/09/15 15:15

DRAWING IS NOT TO SCALE





## LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER \_\_\_\_\_

VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <del>Annabelle</del> Colley Annabelle Penne W		RACE	ETHNICITY	SEX F	D.O.B. 5-26-91	AGE 17	HGT 5'8	WGT 180	HAIR Brown	EYES Brown
STREET ADDRESS 12929 4th PL SE				CITY Shonomish			STATE WA		ZIP 98290	
HOME PHONE (425) 422-4356		CELL PHONE (425) 512-1200			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) PinkCamogreen@aol.com					PLACE OF EMPLOYMENT					

## STATEMENT:

We were pulling out of South Lake Stevens Rd. to merge onto the high way, driver didn't see other car coming and Ford Focus hit the front end of the Mazda Miata.

\*passenger

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

12-9-15

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER \_\_\_\_\_

VICTIM ☐ WITNESS ☐

## NON-DISCLOSURE

[illegible]

OUR MISSION STATEMENT: *"WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"*

12/09/2015 21:53 4254073968

SNOPAC

PAGE 01/04

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X Private Impound \_\_\_\_\_ Repo \_\_\_\_\_

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.) 15-202613

Incident Number: \_\_\_\_\_ Reason: Impound Only

MKE/ (Circle One) EVI EVIP EVR

ORI/ WA031 1900

LIC/ <u>AVR5829</u>	LIS/	LIV/	LIT/
VIN/ <u>1FAHP35N18W12611</u>			
VYR/ <u>2008</u>	VMA/ <u>Ford</u>	VMO/ <u>Fox 4D</u>	
VST/	VCO/		

DATE OF IMPOUND/REPO: ~~12~~ 12/9/2015

TOW COMPANY NAME: Rescue Towing

TOW COMPANY OCA/\*\* 5745 PHONE #: 425-334-5821

\*\*(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 2200 SR 9 / S Lake Stevens Rd

City of Jurisdiction: Lake Stevens

For Repo:

Financial Institution:

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

For Teletype:

Date: <u>12/9/15</u>	Faxed to: <u>LKS PD</u>
Entered By: <u>411</u>	Checked By: _____
WAC #: <u>15V0140182</u>	Checked Date: _____



12/09/2015 21:53 4254073968

SNOPAC

PAGE 02/04

12/09/2015 WED 17:25 FAX 4253349842 Lake Stevens Police Dept --- SnoPac

001/001

<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> NON-IMPOUND/TOW <input type="checkbox"/> AAA or OTHER ROADSIDE ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER RCW 69.50.005 <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> CLIP/PC IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> OWLS IMPOUND WITH ___ DAY HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER <input type="checkbox"/> REGISTERED OWNER MAY REDEEM <input type="checkbox"/> CHECK INDICATES DRIVER IS DULAP AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD. <input type="checkbox"/> CHECK INDICATES THE DRIVER IS OWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.	<b>UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD</b>	<div style="border: 1px solid black; padding: 2px;">         CASE / EVIDENCE NUMBER          15-202613       </div>
<b>VEHICLE INFORMATION</b>		
VIN: 1FAPH35N18W121011 LICENSE: AVR5829    STATE: WASHINGTON    YEAR: 2008    MAKE: FORD    MODEL: FOCUS MILEAGE: <input type="checkbox"/> Report of Sale    UNREADABLE    STYLE: 4 PASS LOW SPEED VEH    COLOR: SILVER/ALUMINUM		
<b>DRIVER</b>	<b>REGISTERED OWNER</b>	<b>LEGAL OWNER</b>
NAME (LAST, FIRST, MI) ANAYA MENDOZA, J G	NAME (LAST, FIRST, MI)	NAME (LAST, FIRST, MI)
STREET ADDRESS 8700 67TH AVE NE APT D201	STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE MARYSVILLE, WA 982708035	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PHONE (909)319-7335	PHONE	PHONE
<b>AUTHORIZATION AND RECEIPT</b>		
ON 12/9/2015 AT 15:52 PURSUANT TO RCW 46.55.025 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED RESCUE TOWING 5745-007 (TOWING FIRM) (DOC. TRUCK#2251) DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 1200 STATE ROUTE 9/S LAKE STEVENS RD (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)		
<b>EQUIPMENT</b>	<b>DAMAGE</b>	<b>EVIDENCE (DRIVER'S SIDE)</b>
<input type="checkbox"/> 1 KEYS <input checked="" type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input checked="" type="checkbox"/> AUTO STEREO <input type="checkbox"/> 1 DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input checked="" type="checkbox"/> SPARE TIRE <input checked="" type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	SHADE DAMAGED AREA <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER	<div style="text-align: center; background-color: #f2f2f2;"> <b>EVIDENCE (PASSENGER'S SIDE)</b> </div>
<b>INVENTORY</b>		<b>NARRATIVE OR DIAGRAM</b> <small>(Use rearward(s) for impound)</small>
		Vehicle was involved in a collision and driver was transported to the hospital.
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.		
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE. <input type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.		
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.		

OFFICER'S ELECTRONIC  
SIGNATURE

C. Christensen

SNOWMASH, WA  
COUNTY, WA0076  
BADGE NOLake Stevens PD  
AGENCY

3000-110-076 (R 07/13)

12/09/2015 WED 17:26

FAX 4253349842

Lake Stevens Police Dept

001

\*\*\*\*\*  
 \*\*\* FAX TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

JOB NO. 4325  
 DESTINATION ADDRESS 914254073968  
 SUBADDRESS  
 DESTINATION ID SnoPac  
 ST. TIME 12/09 17:25  
 TX/RX TIME 00' 26  
 PGS. 1  
 RESULT OK

## CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 89.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER  
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND

UNIFORM WASHINGTON STATE  
 TOW / IMPOUND  
 AND INVENTORY RECORD

CASE / EVIDENCE NUMBER  
 15-202613

VEHICLE INFORMATION			
VIN 1F1AHP35N18W121011			
LICENSE AVR5829	STATE WASHINGTON	YEAR 2008	MAKE FORD
MODEL FOCUS		COLOR SILVER/ALUMINUM	
<input type="checkbox"/> Report of Sale		MILEAGE UNREADABLE	STYLE 4 PASS LOW SPEED VEH
<input type="checkbox"/> Digital			
DRIVER		REGISTERED OWNER	
NAME (LAST, FIRST, MI) ANAYA MENDOZA, J G		NAME (LAST, FIRST, MI)	
STREET ADDRESS 8700 67TH AVE NE APT D201		STREET ADDRESS	
CITY, STATE, ZIP CODE MARYSVILLE, WA 982708035		CITY, STATE, ZIP CODE	
PHONE (909)319-7335	DOB	PHONE	PHONE
AUTHORIZATION AND RECEIPT			
ON 12/9/2015 AT 15:52 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS			
IN THE DESCRIBED VEHICLE, I AUTHORIZED RESCUE TOWING 5745-007			
(TOWING FIRM) (DOL TRUCK NO.)			
DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 2200 STATE ROUTE 9/S LAKE STEVENS RD			
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)			
EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> KEYS <input checked="" type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input checked="" type="checkbox"/> AUTO STEREO <input type="checkbox"/> DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input checked="" type="checkbox"/> SPARE TIRE <input checked="" type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		
INVENTORY		NARRATIVE OR DIAGRAM (List reason(s) for impound)	
		Vehicle was involved in a collision and driver was transported to the hospital.	

## CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 9A.50.050  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER  
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/P AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER  
15-202613

## VEHICLE INFORMATION

VIN 1F1AHP35N18W121011			
LICENSE AVR5829	STATE WASHINGTON	YEAR 2008	MAKE FORD
MILEAGE <input type="checkbox"/> Report of Sale UNREADABLE		STYLE 4 PASS LOW SPEED VEH	MODEL FOCUS
COLOR SILVER/ALUMINUM			

DRIVER		REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) ANAYA MENDOZA, J G		NAME (LAST, FIRST, MI)	NAME (LAST, FIRST, MI)
STREET ADDRESS 8700 67TH AVE NE APT D201		STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE MARYSVILLE, WA 982708035		CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PHONE (809)319-7335	DOB	PHONE	PHONE

## AUTHORIZATION AND RECEIPT

ON 12/9/2015 AT 15:52 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS  
(DATE) (24 HOURS)  
IN THE DESCRIBED VEHICLE, I AUTHORIZED RESCUE TOWING 5745-007  
(TOWING FIRM) (DOL TRUCK NO.)  
DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 3200 STATE ROUTE 9/S LAKE STEVENS RD  
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> [ ] KEYS <input checked="" type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input checked="" type="checkbox"/> AUTO STEREO <input type="checkbox"/> [ ] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input checked="" type="checkbox"/> SPARE TIRE <input checked="" type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

## INVENTORY

## NARRATIVE OR DIAGRAM

(List reasons(s) for impound)

Vehicle was involved in a collision and driver was transported to the hospital.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.
 ☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC  
SIGNATURE

C. Christensen

SNOHOMISH, WA  
COUNTY, WA

0075  
BADGE NO

Lake Stevens PD  
AGENCY